

Please complete and **FAX** this form no later than December 4, 2001

**Intent to Submit  
Individual  
External Evaluator**

School Reform Assistance Office  
California Department of Education  
721 Capitol Mall, 3<sup>rd</sup> Floor  
Attn: External Evaluator Application  
Fax: (916) 653-3011

Each person intending to submit an application for designation as an External Evaluator or an application for English learner designation only must submit this intent. Please provide all information as requested.

<b>APPLICANT INFORMATION</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Fax:</b>
<b>E-mail:</b>	

I will be submitting an application as following: (Check all that apply)

~ As an Individual

~ EL Designation Only

~ With the following Organization(s):

---

---

---

**FAX NUMBER  
(916) 653-3011**